

PT

Maine Revenue Services
Potato Tax Shipper's Report

022500099

Registration No.

Period Begin

Period End

Due Date

1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ , return permit to Bureau and complete information at right. Date closed _____
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check off type of change below:
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse)
- ☐ Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

| | | |
|-------------------|--|---|
| Pounds | Total pounds received, sold or shipped during month for which this report is made | 1. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Total Due | Tax at \$.05 per hundredweight | 2. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Credits | Credit Carry Forward From Prior Period | 3. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Amount Due | Line 2 minus line 3. Use line 5 if the result is a credit amount. | 4. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Credit Due | If Line 2 minus line 3 is a credit amount, enter the amount to the right. If you wish a refund rather than a carry forward to the next period, check here <input type="checkbox"/> | 5. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |



Mail To:
Maine Revenue Service
P.O. Box 1064
Augusta, ME 04332-1064

Signature

Title

Date

Phone #

